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MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEETSubstitute for Form PTO-1360  
(For use with Form PTO/SB/06)

1-1708

Application Number

10 658 590

Filing Date

09-08-03

Applicant(s)

Kim, et AL.

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1			1			
2				1		
3				1		
4			1			
5				1		
6				1		
7				1		
8				1		
9				1		
10				1		
11				2		
12				2		
13				2		
14				2		
15				2		
16						
17			1			
18				1		
19				1		
20				1		
21				1		
22				1		
23				1		
24				1		
25				1		
26				1		
27				2		
28				2		
29				2		
30				2		
31				2		
32				1		
33			1			
34				1		
35				1		
36				1		
37				1		
38				1		
39				2		
40				2		
41				2		
42				2		
43				2		
44				1		
45				1		
46				1		
47				1		
48				2		
49				2		
50				2		
Total Indep						
Total Depend						
Total Claims						

*	Indep	Depend	Indep	Depend	Indep	Depend
51					2	
52					2	
53						
54						
55					1	
56						
57					1	
58						
59						
60						
61						
62						
63						
64						
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91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
Total Indep					7	
Total Depend					72	
Total Claims					79	

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